

Georgia Department of Motor Vehicle Safety

Permit Section P. O. Box 101072 Atlanta, Georgia 30392

Sonny Perdue Governor James R. (Jim) Davis Commissioner

January 28, 2004

EFFECTIVE FEBRUARY 2, 2004 AMBER, RED, OR BLUE LIGHT PERMIT APPLICATIONS NO LONGER ACCEPTED IN PERSON ALL APPLICATIONS MUST BE MAILED.

To Whom it May Concern:

Please find attached a copy of the application for amber, red, or blue flashing lights. ALL APPLICATIONS MUST NOW BE MAILED INTO OUR OFFICE. WE WILL NO LONGER ACCEPT APPLICATIONS ON A WALK IN BASIS. If your permits are not due to expire please do not mail application in at this time, but wait until 30 days prior to current expiration date.

If you need a permit immediately please follow the below procedure:

- 1. Complete application.
- 2. Complete money order, certified check, or company check in the amount of \$2.00 per vehicle.
- 3. MAKE A PHOTO COPY OF BOTH OF THE ABOVE, both the application and the money order, certified check, or company check.
- 4. PLACE BOTH COPIES IN EACH VEHICLE THAT NEEDS TO BE PERMITTED; THIS WILL SERVE AS A TEMPORARY UNTIL YOU RECEIVE YOUR ORIGINAL PERMITS IN THE MAIL.

If you need additional information please contact this office at (404) 675-6998.

APPLICATION FOR DESIGNATION AS EMERGENCY VEHICLE AND EMERGENCY VEHICLE LIGHT PERMIT (O.C.G.A. § 40-8-92)

Return application to:

Telephone Number: (404) 675-6998

Department of Motor Vehicle Safety Attn: Permit Section P.O. Box 101072 Atlanta, Georgia 30392

Name:					Age:		Vehicl	Vehicle Owned By:	
Addr	,	ess Name or Indivi	dual Owner)				Com	npany	
City:		State:		Zip: County:		County:		vidual	
Telephone #:						Gove	rnment 🔲		
•	•								
					DO N	OT WRITE IN THIS SPA	ACE – For App	roval Only	
	New	Renewal	Replace						
	DESCR	IPTION OF VE	HICLE(S)	TO WHICH E	EMERG	ENCY LIGHT IS TO	BE OPERA	TED	
	1	T				1	500 DED 4	DTMENT HOE	
							FOR DEPARTMENT USE ONLY		
	Year	Make	Tag No.	Ve	ehicle I.	D. No.			
							Color Stick		
1.							Issued	Number	
1.									
2.						-			
3.									
4.									
5.									
						Total Fac F	Enclosed: \$		
Total Fee Enclosed: \$									
,				STATEME			CEDIC NEED		
	PLEASE CH.	ECK EACH US	ETHAT A	APPLIES, OR A	ATTACI	H A STATEMENT LI	STING NEE	D AND USE.	
	Wrecker	Service Truck		Security		Volunteer Fire		Civil Defense/EMA Law Enforcement –	
	☐ Construction		Escort		☐ Ambulance			Unmarked	
	Utility/Maintenance			Oversized Load		1 st Responder/EM	г П	Other (Please Attach Statement)	
ш	Ctility/	viamechanec		cisizcu Loau	Ш	1 Responder/EM1	• 🗀	Statement	
	Note:	•			•	ounty, State, or Federa			
	All other	vehicles are				Order or Business	/Company	Check).	
						ot accepted.			
		igned, have rea st of our knowle			on and	affirm that all inform	nation submi	tted is true and	
			<i>6</i> :		,	N			
Date:]	Name:Address:			
Notary Public:								_	
Commission Expires:					Phone Number:				
(SIGNATURE & SEAL REQUIRED)				;	Signature:				

			For Department Use Only		
Year/Make	Tag No.	Vehicle I.D. No.	Color Sticker Issued	Sticker Number	
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					